Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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COVID-19: Exposing digital poverty in a pandemic

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In an increasingly digital world, we have responded to the COVID-19 pandemic with rapid data sharing, facilitating the development of over 100 trial vaccines [1]. Digital technologies are incorporated into many countries' public health plans. Many businesses now require employees to work remotely, and as schools and universities close their doors, learning has also moved online.

Relatively privileged people are able to use their access to digital technologies to enable remote access to health and education, as well as economic and political empowerment. However, a significant proportion of the global population is digitally excluded because they lack internet access and/or have low levels of digital literacy. It is estimated that over 40% of the people in the world do not have access to the Internet (source: internet world stats). Even within Great Britain, moving learning online has shone new light on the disparities that exist within our country, as up to 1 in 10 households do not have access to the Internet [2].

Technology has added a new digital dimension to inequality. This is not a binary divide: new levels of connectivity are leading to a range of different digital inclusions and exclusions. These often reflect, reproduce and amplify divides which exist between socio-economic class, ethnicity and gender, to name a few.

Ex-head of Microsoft Research Kentaro Toyama declared 'technology use can only amplify existing human capacity and intent: it cannot act as a substitute where human capacity and intent do not exist'. We see this in well-resourced schools which are able to capitalise on the benefits of technology in the learning environment, while poorer schools do not seem to reap the same benefits. Even if everyone were to own a mobile phone, communities can still be disadvantaged as device ownership does not necessarily imply being able to keep it charged, topped up with credit, and repaired when damaged [3].

Digital technologies are advancing at an accelerated pace, and we need to be mindful that unless developments are consciously designed to address the specific needs of the most deprived, then the use of digital technologies risks excluding and further disadvantaging those already being left behind.

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Declaration of competing interest

I have no conflicts of interest to declare.

References

[1] COVID-19 Treatment and Vaccine Tracker, Milken Institute, 2020.
[2] ONS, Internet Access – Households and Individuals, Office for National Statistics, 2019, Great Britain, 2019.
[3] B. Faith, Maintenance Affordances and Structural Inequalities: Mobile Phone Use by Low-Income Women in the United Kingdom vol. 14, Information Technologies & International Development (Special Section), 2018, pp. 66–80.

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